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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/554,027			ing Date 21/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR NUMB				ILED NU		MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		l	N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A	N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			23 minus 20 =		• 3		l	x \$ =		OR	X \$50 =	150	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			3 m	3 minus 3 =		• 0		x \$ =		1	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	If the specification and di sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) and			plication size fee due entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL	150	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	09/15/2008	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 23	Minus	~ 23		= 0		x \$ =		OR	X \$50=	0	
ΙŻ	Independent (37 CFR 1,16(h))	• 3	Minus	3		= 0		x \$ =		OR	X \$210=	0	
ΜĒ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
_		CLAIMS REMAINING AFTER AMENDMEN		PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,18(i))		Minus			-		x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))]			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR			
										OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.